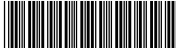
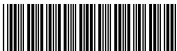


<i>Index of Claims</i> 	Application/Control No. 09645020	Applicant(s)/Patent Under Reexamination WALLACH ET AL.
	Examiner VANEL FRENEL	Art Unit 3687


✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE					
Final	Original	11/23/2008					
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18	✓					
	19	✓					
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27	✓					
	28	✓					
	29	✓					
	30						
	31						
	32						
	33						
	34						
	35						
	36						

<i>Index of Claims</i> 	Application/Control No. 09645020	Applicant(s)/Patent Under Reexamination WALLACH ET AL.
	Examiner VANEL FRENEL	Art Unit 3687

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE					
Final	Original	11/23/2008					
	37						
	38						
	39						
	40						
	41						
	42						
	43						
	44						
	45						
	46						
	47						
	48						
	49						
	50						
	51						
	52						
	53						
	54						
	55						
	56						
	57						
	58						
	59						
	60	✓					
	61	✓					
	62	✓					
	63	✓					
	64	✓					
	65	✓					
	66	✓					
	67	✓					
	68	✓					
	69	✓					
	70						
	71						
	72						

<i>Index of Claims</i> 	Application/Control No. 09645020	Applicant(s)/Patent Under Reexamination WALLACH ET AL.
	Examiner VANEL FRENEL	Art Unit 3687

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA										<input type="checkbox"/> T.D.										<input type="checkbox"/> R.1.47									
CLAIM			DATE																																				
Final	Original																																						
	73																																						
	74																																						
	75	✓																																					
	76	✓																																					
	77	✓																																					
	78	✓																																					
	79	✓																																					
	80	✓																																					
	81																																						
	82																																						
	83																																						
	84																																						
	85																																						
	86																																						
	87																																						
	88																																						
	89																																						
	90																																						
	91																																						
	92																																						
	93																																						
	94																																						
	95																																						
	96																																						
	97																																						
	98	✓																																					